MANUFACTURED HOME CONSUMER COMPLAINT FORM

HOMEOWNER (s):						_PHONE # ()			(HM)
HOME ADDRESS:						_PHONE # ()			(WK)
MAILING ADDRESS:										
DIRECTIONS TO HOM	ME VIA	A STATE R	OUTE OR	INTERST	ATE:					
		<u>DESC</u>	CRIPTION	OF MAN	NUFACTU	IRED HOME	Ī			
MANUFACTURER: ADDRESS:										
PHONE#	()								
DATE MANUFACTURI HUD NUMBER(S):		SINGLE			SERIAL OUBLE	. # <u> </u>	TRIPLI			
SIZE:		SINGLE		D	JUBLE		IKIPLI	=		
cabine	t door.	The HUD I	Number is of the home	located or e. The HU	n the red p	located close plate on the mer is REQUIR	anufactur	red home.	There v	vill be a
PURCHASED FROM (ADDRESS:	Retaile	r Name): _								
PHONE#	()								
DATE PURCHASED:										
			<u>INSTA</u>	LLER IN	FORMAT	<u>ION</u>				
INSTALLER: ADDRESS:										
PHONE#	()								
COI	NSUM	ER SIGNA	TURE			-			DATI	 E
MAIL COMPLETED FO	RM TO	:		Ī		FOR OF	FICE US	SE ONLY		

MAIL COMPLETED FORM TO:
Department of Commerce & Insurance
Division of Fire Prevention
Manufactured Housing Section
500 James Robertson Parkway
Third Floor Davy Crockett Tower
Nashville, TN 37243-1162

FOR OFFICE USE ONLY
Please Do Not Write In This Space

TN Consumer Complaint #